ATTACHMENT A

FEDERAL TRADE COMMISSION

FINANCIAL STATEMENT OF INDIVIDUAL DEFENDANT

Instructions:

- 1. Complete all items. Enter "None" or "N/A" ("Not Applicable") where appropriate. If you cannot fully answer a question, explain why.
- 2. "Dependents" include your live-in companion, dependent children, or any other person, whom you or your spouse (or your children's other parent) claimed or could have claimed as a dependent for tax purposes at any time during the past five years.
- 3. "Assets" and "Liabilities" include <u>ALL</u> assets and liabilities, located within the United States or elsewhere, whether held individually or jointly.
- 4. Attach continuation pages as needed. On the financial statement, state next to the Item number that the Item is being continued. On the continuation page(s), identify the Item number(s) being continued.
- 5. Type or print legibly.
- 6. Initial each page in the space provided in the lower right corner.
- 7. Sign and date the completed financial statement on the last page.

Penalty for False Information:

Federal law provides that any person may be imprisoned for not more than five years, fined, or both, if such person:

- (1) "in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry" (18 U.S.C. § 1001);
- (2) "in any . . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true" (18 U.S.C. § 1621); or
- (3) "in any (... statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information . . . knowing the same to contain any false material declaration" (18 U.S.C. § 1623).

For a felony conviction under the provisions cited above, federal law provides that the fine may be not more than the greater of (i) \$250,000 for an individual or \$500,000 for a corporation, or (ii) if the felony results in pecuniary gain to any person or pecuniary loss to any person other than the defendant, the greater of twice the gross gain or twice the gross loss. 18 U.S.C. § 3571.

BACKGROUND INFORMATION

Item 1. Information		
Your Full Name		Social Security No
		Drivers License No.
		From (Date)
		Facsimile No.
		et Home Page
Previous Addresses for past fi		
Address	Rent or	r Own?From/Until
		r Own?From/Until
		used, and the time period(s) during which they
		· · · · · · · · · · · · · · · · · · ·
•	About Your Spouse or Live-In Comp	
	_	
Spouse/Companion's Name		Social Security No
Spouse/Companion's Name	Da	Social Security Note of Birth
Spouse/Companion's Name Place of Birth Identify any other name(s) and	Da l/or social security number(s) your spou	Social Security No te of Birth se/companion has used, and the time period(s)
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used	Da //or social security number(s) your spou	Social Security No te of Birth se/companion has used, and the time period(s)
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used Address (if different from your	Dall/or social security number(s) your spou	Social Security No te of Birth se/companion has used, and the time period(s)
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used Address (if different from your From (Date)	Da l/or social security number(s) your spou- rs) Rent or Own?	Social Security No te of Birth se/companion has used, and the time period(s) Telephone No
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used Address (if different from your From (Date) Employer's Name and Address	Da // Or social security number(s) your spour rs) Rent or Own?	Social Security No te of Birth se/companion has used, and the time period(s) Telephone No
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used _ Address (if different from your From (Date) Employer's Name and Address Job Title	Da l/or social security number(s) your spour rs) Rent or Own? Years in Present Job	Social Security No te of Birth se/companion has used, and the time period(s) Telephone No
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used Address (if different from your From (Date) Employer's Name and Address Job Title Information A	Da Nor social security number(s) your spour Rent or Own? Years in Present Job About Your Previous Spouse	Social Security No te of Birth se/companion has used, and the time period(s) Telephone No Annual Gross Salary/Wages \$
Spouse/Companion's Name Place of Birth Identify any other name(s) and during which they were used Address (if different from your From (Date) Employer's Name and Address Job Title Information A Previous Spouse's Name & Address Address Address Spouse's Name & Address Address Spouse's Name & Address Address Spouse's Name & Address Spouse's Name & Address Spouse & Address	Da Nor social security number(s) your spour Trs) Rent or Own? Years in Present Job About Your Previous Spouse dress	Social Security No te of Birth se/companion has used, and the time period(s) Telephone No

Initials ____

Page 2

		Telephone No.
Item 5.	Information About Dependents Who L	ive With You
►Name		Date of Birth
		Social Security No.
		Date of Birth
		Social Security No.
Name		Date of Birth
Relationship		Social Security No.
	Information About Dependents Who Do	Not Live With You
Date of Birth	Relationship	Social Security No
Name Address		
Date of Birth	Relationship	Social Security No
Name & Addres	S	
Date of Birth	Relationship	Social Security No
tem 7.	mployment Information	
'Income" include oyalties or other eccived by you o	s, but is not limited to, any salary, commissions, but is not limited to, any salary, commissions for which you did not pay (e.g., he ranyone else on your behalf.	for each of the previous five full years, for each company of ctor, participant or consultant at any time during that period. ssions, draws, consulting fees, loans, loan payments, dividend ealth insurance premiums, automobile lease or loan payments
		To (Month/Year)
ositions Held wi	h Beginning and Ending Dates	

Page 3

Income Received: This year-to-date: \$: \$:
20: \$	
: \$	
►Company Name & Address	
Dates Employed: From (Month/Year)	To (Month/Year)
Positions Held with Beginning and Ending Dates	
Income Received: This year-to-date: \$: \$
	: \$
	: \$:
Company Name & Address	
	To (Month/Year)
income Received: This year-to-date: \$	
20: \$	
: \$	
	: \$
tem 8. Pending Lawsuits Filed by You or Your	Spouse
ist all pending lawsuits that have been filed by you or you awsuits that resulted in final judgments or settlements in Ite	r spouse in court or before an administrative agency. (List ems 16 and 25).
Opposing Party's Name & Address	
Court's Name & Address	
	Nature of Lawsuit
	Tractare of Lawsuit
tem 9. Pending Lawsuits Filed Against You or Y	
g and I but I but of I	your spouse in court or before an administrative agency. (L
	your spouse in court or before an administrative agency. (L
Page 4	Initials

	·	
	Nature of Lawsuit	
t Boxes		
thin the United States or benefit of you, your spot	elsewhere, held by you, your spouse, or use, or any of your dependents. On a sep	any of your varate page,
Name & Address of	Depository Institution	Box No.
r spouse, or your depend	lents are an officer or director.	
Position(s) Held, and B	y Whom	
	Description of Business	
	thin the United States or benefit of you, your spot Name & Address of States	thin the United States or elsewhere, held by you, your spouse, or benefit of you, your spouse, or any of your dependents. On a sep Name & Address of Depository Institution r spouse, or your dependents are an officer or director. Description of Business Position(s) Held, and By Whom Description of Business

Page 5

FINANCIAL INFORMATION: ASSETS AND LIABILITIES

REMINDER: "Assets" and "Liabilities" include <u>ALL</u> assets and liabilities, located within the United States or elsewhere, whether held individually or jointly.

<u>item 12.</u>	Cash, Bank, and Money Market Accounts		
AANTITION OF GCDOOL	and money market accounts, including but not limited to, che, held by you, your spouse, or your dependents, or held by oth the term "cash" includes currency and uncashed checks.	cking accounts, savers for the benefit of	rings accounts, an
Cash on Hand \$	Cash Held For Your Benefit \$		
Name on Account	Name & Address of Financial Institution	Account No.	Current Balance
			\$
			\$
	·	_	\$
			\$
			\$
			\$
<u>Item 13.</u>	U.S. Government Securities		
List all U.S. Governme you, your spouse, or yo	nt securities, including but not limited to, savings bonds, treas ur dependents, or held by others for the benefit of you, your s	ury bills, and treast pouse, or your depo	ury notes, held by endents.
Name on Account	Type of Obligation	Security Amount	Maturity Date
-			
Item 14. Publich			
Page 6	y Traded Securities and Loans Secured by Them	• • •	
_		Initials	

A Company of the Comp

List all publicly traded securities, in municipal bonds, and mutual funds, you, your spouse, or your dependen	, held by you, your spouse, or your depe	options, registered and bearer bonds, state and ndents, or held by others for the benefit of
►lssuer	Type of Security	No. of Units Owned
		Loan(s) Against Security \$
Broker House, Address		Broker Account No.
► Issuer	Type of Security	No. of Units Owned
Name on Security	Current Fair Market Value \$	Loan(s) Against Security \$
Broker House, Address		Broker Account No.
Item 15. Other Business In	terests	
liability corporations ("LLCs"), gen	eral or limited partnership interests, join	porations, subchapter-S corporations, limited t ventures, sole proprietorships, and oil and ers for the benefit of you, your spouse, or
▶Business Format	Business' Name & A	ddress
		Ownership %
		air Market Value \$
		ddress
		Ownership %
Owner (e.g., self, spouse)	Current F	air Market Value \$
Item 16. Monetary Judgmen	nts or Settlements Owed to You, Your	Spouse, or Your Dependents
•	ments owed to you, your spouse, or you	<u>-</u>
►Opposing Party's Name & Address		
		Docket No
		Amount \$
		•
		Docket No
Nature of Lawsuit	Date of Judgment	Amount \$
<u>Item 17.</u> Other Amounts Ow	red to You, Your Spouse, or Your Dep	endents
Page 7		Initials

List all other amounts owed	to you, your spouse, or your dependents.	
Debtor's Name, Address, &	Telephone No.	
		Monthly Payment \$
Item 18. Life Insura	nce Policies	
List all life insurance policie	s held by you, your spouse, or your depende	ents.
Insured	Beneficiary	Face Value \$
Policy No.	Loans Against Policy \$	Surrender Value \$
Insured		Face Value \$
		Surrender Value \$
List all deferred income arrar plans, 401(k) plans, IRAs, Ke	rome Arrangements agements, including but not limited to, defer coghs, and other retirement accounts, held bou, your spouse, or your dependents.	red annuities, pensions plans, profit-sharing y you, your spouse, or your dependents, or held
Name on Account	Type of Plan	Date Established
	ame, Address & Telephone No.	
Account No.	Surrender Value \$	
Name on Account	Type of Plan	Date Established
Account No.	Surrender Value \$	
Item 20. Personal Pro		
List all personal property, by	category, whether held for personal use or fe	or investment, including but not limited to,
Page 8		Initials
		

furniture and household goods of value, computer equipment, electronics, coins, stamps, artwork, gemstones, jewelry, bullion, other collectibles, copyrights, patents, and other intellectual property, held by you, your spouse, or your dependents, or held by others for the benefit of you, your spouse, or your dependents.

Property Category (e.g., artwork, jewelry)	Name of Owner	Property Location	<u>A</u>	cquisition Cost	Current Value
			\$	\$_	· · · · · · · · · · · · · · · · · · ·
			\$	\$_	
			\$	\$_	
			\$	\$_	
			\$	\$_	
			\$	\$_	
<u>Item 21.</u> Cars, Trucks, I List all cars, trucks, motorcycles dependents, or held by others for	Motorcycles, Boats, Airplands, boats, airplanes, and other ver the benefit of you, your spour	ehicles owned or oper	ated by you yo	our spouse, o	or your
►Vehicle Type	Make	Model		Year	
Registered Owner's Name					
Address of Vehicle's Location _		•			
Purchase Price \$					
Lender's Name and Address					<u> </u>
Original Loan Amount \$				ment \$,
►Vehicle Type					
Registered Owner's Name					
Address of Vehicle's Location _					
Purchase Price \$					·
Lender's Name and Address					
Original Loan Amount \$					
Item 21. Continued				· ·	
►Vehicle Type	Make	Model		Year	
Page 9				··	

Case 1:04-cv-11136-GAO Document 32-3 Filed 06/23/2004 Page 11 of 17

Registered Owner's Name	Registration State & No.			
		Account/Loan No.		
		alance \$ Monthly Payment \$		
Item 22. Real Property	•			
List all real estate held by you, you your dependents.	our spouse, or your dependent	dents, or held by others for the benefit of you, your spouse, or		
►Type of Property		Property's Location		
Acquisition Date	Purchase Price \$	Current Value \$		
		Loan or Account No.		
Current Balance On First Mortgag	e \$	Monthly Payment \$		
		Current Balance \$		
		Monthly Rent Received \$		
		Property's Location		
		Current Value \$		
		Loan or Account No.		
Lender's Name and Address				
Current Balance On First Mortgage	\$	Monthly Payment \$		
		Current Balance \$		
Monthly Payment \$	Rental Unit?	Monthly Rent Received \$		
Item 23. Credit Cards				
List each credit card held by you, y or your dependents use.	our spouse, or your deper	idents. Also list any other credit cards that you, your spouse,		

Page 10

Name of Credit Card (e.g., Visa, MasterCard, Department Store)	Account No.	Name(s) on Account	<u>Current</u> <u>Balance</u>	Minimum Monthly Payment
			_ \$	\$
				\$
				\$
				\$
				\$
Item 24. Taxes Payable List all taxes, such as income taxes o	r real estate tower owner	.d b		
Type of Tax				dants.
	Amount O		ar Incurred	
				_
Item 25. Judgments or Settle				
List all judgments or settlements owed	d by you, your spouse,	or your dependents.		
Opposing Party's Name & Address				
Court's Name & Address				et No.
Nature of Lawsuit		Date	Amou	ant \$

Page 11

<u>Item 26.</u>	Other Loans and Liabilities	
List all other lo	oans or liabilities in your, your spouse's, or your dependents' names.	
►Name & Add	ress of Lender/Creditor	
	ilityName(s) on Liabili	
	ty Amount Borrowed \$ Cu	
	int \$ Frequency of Payment	
	ress of Lender/Creditor	
	lity Name(s) on Liabilit	
Date of Liabilit	y Amount Borrowed \$ Cu	rrent Balance \$
	nt \$ Frequency of Payment	
Item 27. List all federal t	OTHER FINANCIAL INFORMATION Tax Returns ax returns that were filed during the last three years by or on behalf of	VOIL VOUS Shouse or vous
Tax Year	ovide a copy of each signed tax return that was filed during the last this Name(s) on Return	ree years. Refund Expected
		ss
List all application within the last two	Applications for Credit ons for bank loans or other extensions of credit that you, your spouse, to years. Provide a copy of each application, including all attachment on Application Name & Address of I	ts. ∟ender
<u>Item 29.</u>	rusts and Escrows	

List all funds or other assets that are being held in trust or escrow by any person or entity for you, your spouse, or your dependents. Also list all funds or other assets that are being held in trust or escrow by you, your spouse, or your dependents, for any person or entity. *Provide copies of all executed trust documents*.

	Name & Address		olished	<u>Grantor</u>	<u>Beneficiaries</u>	Present Market Value of Assets
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						\$
						\$
				 		\$
Mark D						\$
Item 30.	Transfers of Assets					
List each per previous three that period.	son to whom you have trace years by loan, gift, sale	nnsferred, in or other tr	n the aggregate, ansfer. For each	more than \$2,; such person,	500 in funds or oth state the total amo	ner assets during the unt transferred during
Transferee'	s Name, Address, & Rela	<u>tionship</u>	Property Transferred	Aggreg <u>Value</u>		Type of Transfer (e.g., Loan, Gift)
				\$		
				\$		
				Φ <u></u>		
				\$		
				\$		
				\$		

Page 13

SUMMARY FINANCIAL SCHEDULES

<u>Item 31.</u> Combined Balance Sheet for You, Your Spouse, and Your Dependents

<u>ASSETS</u>	<u>LIABILITIES</u>	
Cash on Hand (Item 12)	\$ Credit Cards (Item 23)	\$
Cash in Financial Institutions (Item 12)	\$ Motor Vehicles - Liens (Item 21)	\$
U.S. Government Securities (Item 13)	\$ Real Property - Encumbrances (Item 22)	\$
Publicly Traded Securities (Item 14)	\$ Loans Against Publicly Traded Securities (Item 14)	\$
Other Business Interests (Item 15)	\$ Taxes Payable (Item 24)	\$
Judgments or Settlements Owed to You (Item 16)	\$ Judgments or Settlements Owed (Item 25)	\$
Other Amounts Owed to You (Item 17)	\$ Other Loans and Liabilities (Item 26)	\$
Surrender Value of Life Insurance (Item 18)	\$ Other Liabilities (Itemize)	
Deferred Income Arrangements (Item 19)	\$ 	\$
Personal Property (Item 20)	\$ 	\$
Motor Vehicles (Item 21)	\$	\$
Real Property (Item 22)	\$	\$
Other Assets (Itemize)		\$
	\$	\$
	\$	\$
	\$	\$
	\$ <u> </u>	\$
Total Assets	\$ Total Liabilities	\$

Page 14

Item 32. Combined Average Monthly Income and Expenses for You, Your Spouse, and Your Dependents for the Last 6 Months

Provide the average monthly income and expenses for you, your spouse, and your dependents for the last 6 months. Do not include credit card payments separately; rather, include credit card expenditures in the appropriate categories.

<u>INCOME</u>	<u>EXPENSES</u>	
Salary - After Taxes	\$ Mortgage Payments for Residence(s)	\$
Fees, Commissions, and Royalties	\$ Property Taxes for Residence(s)	\$
Interest	\$ Rental Property Expenses, Including Mortgage Payments, Taxes, and Insurance	\$
Dividends and Capital Gains	\$ Car or Other Vehicle Lease or Loan Payments	\$
Gross Rental Income	\$ Food Expenses	\$
Profits from Sole Proprietorships	\$ Clothing Expenses	\$
Distributions from Partnerships, S-Corporations, and LLCs	\$ Utilities	\$
Distributions from Trusts and Estates	\$ Medical Expenses, Including Insurance	\$
Distributions from Deferred Income Arrangements	\$ Other Insurance Premiums	\$
Social Security Payments	\$ Other Transportation Expenses	\$
Alimony/Child Support Received	\$ Other Household Expenses	\$
Gambling Income	\$ Other Expenses (Itemize)	
Other Income (Itemize)		\$
	\$	\$
	\$	\$
	\$	\$
Total Income	\$ Total Expenses	\$

Page 15

ATTACHMENTS

Item 33. Doc	uments Attached to this Financial Statement
List all documents th	at are being submitted with this financial statement.
Item No. Documen Relates To	<u>Description of Document</u>
Commission or a fed responses I have pro notice or knowledge penalties for false sta	ing this financial statement with the understanding that it may affect action by the Federal Trade eral court. I have used my best efforts to obtain the information requested in this statement. The vided to the items above are true and contain all the requested facts and information of which I have I have provided all requested documents in my custody, possession, or control. I know of the tements under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment by under penalty of perjury under the laws of the United States that the foregoing is true and correct.
Executed on:	
(Date)	Signature

Initials ____

Page 16